

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <b>7591</b>	2. Fiscal Year Covered From: <b>07 / 31 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing.	
Name: <b>Scott Holly</b>	4. Name, File number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name: <b>Sheet Metal Workers Local Union 359</b>
Street: <b>10304 E. Plata Ave.</b>	Labor Organization File Number: <b>03104B</b>
City: <b>Mesa</b>	P.O. Box, Building and Room Number, if any
State: <b>Arizona</b>	Street: <b>2604 E. Adams St.</b>
ZIP Code + 4: <b>85212-2399</b>	City: <b>Phoenix</b>
State: <b>Arizona</b>	ZIP Code + 4: <b>85034-1494</b>
5. Position in labor organization: <b>Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	B. Name and address of Employer (including trade name, if any).	C. Nature of Interest, Transaction, or Income.
Name: <b>AMERICAN AIRLINES GROUP INC.</b>	Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Street:	
Street:	City:	
City:	State:	
State:	ZIP Code + 4:	
7.b. Amount.		

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

602-927-0429

Telephone Number

Name of Person Filing Scott Holly

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## B. Name and address of Business (including trade name, if any).

Name Tucson Sheet Metal JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 606 S. Plumer Ave.

City Tucson

State Arizona

ZIP Code + 4 85719-7043

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Tucson Sheet Metal JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 606 S. Plumer Ave.

City Tucson

State Arizona

ZIP Code + 4 85719-7043

## 9. Business deals with:

 a. Labor Organization b. Trust c. Employer

## 11.a. Nature of such dealing.

Coordinator for Tucson Sheet Metal JATC

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimburse for Outstanding Apprentice Award in room

## 12.b. Amount.

\$183

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant 

?

## 14.b. Amount of payment.

Name of Person Filing Scott Holly	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>6. Name and address of Business (including trade name, if any).</b></p> <p>Name Tucson Sheet Metal JATC            Trade Name, if any:            P.O. Box, Bldg., Room No., if any            Street 696 S. Plumer Ave.            City Tucson            State Arizona ZIP Code + 4 85719-7043</p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name Tucson Sheet Metal JATC            Trade Name, if any:            P.O. Box, Bldg., Room No., if any            Street 696 S. Plumer Ave.            City Tucson            State Arizona ZIP Code + 4 85719-7043</p>	<p><b>11.a. Nature of such dealing.</b>            Coordinator for Tucson Sheet Metal JATC</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b>            Reimbursement for school supplies.</p>
	<p><b>12.b. Amount.</b> \$568</p>

Name of Person Filing Scott Holly

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>			
Name	Tucson Sheet Metal JATC		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	606 S. Plumer Ave.		
City	Tucson		
State	Arizona	ZIP Code + 4	85719-7043

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name	Tucson Sheet Metal JATC		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	606 S. Plumer Ave.		
City	Tucson		
State	Arizona	ZIP Code + 4	85719-7043

**9. Business deals with:**

- a. Labor Organization
- b. Trust
- c. Employer

**11.a. Nature of such dealing.**

Coordinator for Tucson Sheet Metal JATC.

**11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.  
Reimburse for room/meals in Tucson.**12.b. Amount.**

\$79